

Periodic Medical Examination of Food Handlers

“Pre-employment and periodic medical examinations of food service establishment employees are not required because such examinations do not provide protection against illness transmitted by food.” USPHS Sanitation Manual

To provide a consistent policy and rational basis for health examination of food handlers at embassies throughout the world, EHPM of M/MED issues the following guidelines.

1. A pre-employment physical exam can be considered for each potential food service employee using the same criteria as for any other embassy or household employee. The reason for doing the examination is to establish a baseline of health, screen for significant illness and/or an entry step into a medical insurance system. At various embassies, often these potential employees have had no other significant health care screening and unsuspected medical problems are identified.
2. There is **no requirement** or rationale to perform a physical examination or do blood, urine or stool testing on food handlers on a periodic basis **for the purpose of food handling**.
3. Food handlers do not require screening for tuberculosis, HIV, hepatitis or syphilis at any greater frequency than any other embassy employees. These may be reasonable tests as part of a community wide disease control or prevention program, but they are **not** useful as part of a food protection program.
4. Food handlers do not require periodic stool examinations. However, periodic examination of stool for presence of parasites can be a useful in high risk environments as a mechanism to highlight the importance of hand washing at all times. But the results from one week do not predict the results for the following week.
5. There are no required nor recommended immunizations unique to food handlers. In the developing world, most individuals are immune since birth for Hepatitis A. Hepatitis B and typhoid may be of individual benefit to non-immune individuals, but again is of minimal community value compared to hand washing.
6. Food handler medical evaluation should be emphasized during the time of acute infectious illness since that is the likely time of disease transmission.

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7. Following the guidelines of the U.S. Public Health Service Food Code and others, employees should refrain from food handling if they have diarrhea, fever, vomiting, jaundice or sore throat with fever and should report to their supervisor. The food handler should be referred to competent medical authority for evaluation and authorization to return to work.

8. Food handlers with uncovered lesions containing pus on the hands or arms must wear plastic gloves on the hands and an impermeable barrier on any exposed areas.

9. Employees with cough or sneezing should refrain from food handling until symptoms resolve. Persistent symptoms require medical evaluation.

10. Summary:

Frequent hand washing is the single most important procedure to prevent disease transmission by food handlers. This should be done as a part of a system of good hygienic food handling practices, inspection and surveillance of sanitation procedures.

A periodic medical examination is of minimal use in the prevention of disease transmission by food handlers.

Acute infectious illnesses as described above require intervention to prevent the spread of illness by food contamination.

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